

AT THE HARRIMAN INSTITUTE

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Biases, Borders, and Biohazards: Misconstruing Migrants as a Public Health Threat in the Russian Federation

“There are all sorts of reasons to think that migration would be good for public health, but migrants in Russia are portrayed as a big health threat,” stated Cynthia Buckley, Program Director of the Social Science Research Council. Buckley spoke at Columbia University on October 12, 2010, as part of a seminar series co-organized by the Harriman Institute and the Global Health Research Center of Central Asia.

After the United States, Russia is the second largest migration destination in the world. It is also in the midst of a serious health crisis—facing a low birth rate, high alcoholism, a mortality rate that is significantly above the global average, and widespread malnutrition due to impoverishment. Since the 1990s, Russia has experienced an “incredibly drastic decline in male health and a fall in life expectancy not seen in any country except during war time,” noted Buckley. The Russian government has responded to the health crisis by scapegoating labor migrants. “There is a politics of blame—this idea that Russia’s health crisis can be deflected and put on the backs of migrants.”

In reality, migrants arrive in Russia with better health habits than the native population. “They drink less, they smoke less, they exercise more and they eat healthier food.” Buckley explained that “migrant selectivity” is a global trend—“healthy people migrate.” Migrants must arrive in relatively good health because they will have to handle the grueling jobs that no one else wants. “They are relegated to dirty, dangerous and demeaning work—what we call 3D employment,” stated Buckley.

Most labor migrants come to Russia from the near abroad—Central Asia or the South Caucasus. Buckley explained that there is a dichotomy between the way that labor migrants view Eurasia, and the way the Russians view it. “Labor migrants see Eurasia as all one space with a shared history.” People in the Russian Federation on the other hand, see the people of the Central Asian Republics and the Caucasus as intruders. “Really what this boils down to is a conflict between real and imagined communities—our migrants constantly tell us that they imagine this as one big

space where they can move around. People in the Russian Federation see this as one big space where they would like to keep everyone out.”

In March 2010 the Levada Center conducted a survey on restricting migration in the Russian Federation, and 97% of respondents agreed that they would like to tighten borders against migrants. In April the group repeated the survey but added the phrase “from the CIS,” 96% responded affirmatively. “So not only do Russians not want migrants, but they don’t even want them from the near abroad,” commented Buckley.

“There are a lot of regional issues and many of them center upon borders. This used to be the Soviet Union, what were once national borders are now international borders and many of them are extremely contentious.” Buckley explained that the situation is particularly toxic on the Tajikistan and Uzbekistan borders —“these have been singled out by the Russian Federation as drug-running corridors.”

Public opinion in the Russian Federation is becoming increasingly xenophobic, but Russia needs migrants in order to supplement its declining population. “Russians only want ‘their kind’ of migrants,” Buckley informed. “They want ethnic Russians to return.” Pundits, government officials, and the mass media have expressed their dissatisfaction with the types of migrants that come to the Russian Federation. “One of the ways they talk about it is by reframing migration as a bio threat.”

Although there are no statistics to support these accusations, migrants are blamed for bringing infectious diseases into the Russian Federation. Since migrants perform the most dangerous jobs, “they are often times in environments that provide health risks. So yes, over time they might have some elevated incidences of infectious diseases. The assumption here is that they are bringing them in, as opposed to getting them in Russia and bringing them back home.”

A law in the Russian Federation mandates the deportation of internationals tested positive for HIV. “As the Minister of Health explained to me,

this is because they believe so strongly in human rights.” There is a joint agreement between the Russian Federation and CIS countries that the latter will provide anti-retroviral (ARV) treatment to anyone tested positive for HIV. Buckley related a conversation with Russia’s Minister of Health; he said that it would be “incomprehensible and morally repugnant to keep a migrant in Russia where we don’t have an obligation to give them ARV’s.” Officials tend to amplify health-related deportation cases, but there have not been many of them—only 187 out of 12 million migrants have been deported for HIV, and 864 for other health issues, “ranging from anything like tuberculosis to a broken leg.”

Officials also blame migrants for the high rates of tuberculosis cases in Russia. “And not just Russian officials, someone very high up in the WHO said that multi-drug resistant tuberculosis (MDRT) is driven by migrants coming into Russia. There is no data to back this up, and I have to say it has highly racist implications,” asserted Buckley. “From what we know, the rates of MDRT are higher in the Russian Federation than they are in either Central Asia or the Caucasus. So if you’re just going to play the odds, then you would bet that migrants are contracting MDRT in Russia and bringing it back to their own countries.”

The “reframing of migrants as a bio-threat” has affected both policy and data collection. “I still can’t get the tuberculosis rates for the 86 administrative regions out of the Ministry of Health because they just don’t want to release that information. They are more than happy to tell me how many of all the cases involve migrants, and if I want I can even get the migrants by oblast, but they will not give me the locals.”

Buckley, a recipient of a National Science Foundation MINeRVA grant, has been in the field collecting data about public health in Eurasia. “The data we do have shows that migrants have good health. They are not healthier but they are

not less healthy.” Buckley admitted that she was surprised by these preliminary results—she had expected the data to show that the migrant population was in much better health than the natives. “Part of this might be because we didn’t target unregistered labor migrants in this survey, so we are probably getting people who are registered and might have been in the country for a while.”

Statistics have demonstrated that migrants across the globe tend to have better health when they first arrive in their destination countries; Buckley explained that this tends to change with the progression of their stay. “We found that not only do people who stay longer develop bad health habits, but the cumulative effect of social marginalization can adversely affect people’s health.”

Either way, the results demonstrate that migrants are not bringing bad health into Russia. “If anything there is a health protective effect of being foreign-born,” stated Buckley. “We found that non-Russian speakers have better health than Russian-speaking natives—if you speak another language you are two times as likely as a native Russian speaker to perceive yourself as healthier—and if you feel healthy then you will live longer.”

As anti-migrant sentiment rises in Russia, there has been a shift in health policy—“What we see is an increasing tendency at the macro level to focus on health in Central Asia as a security interest as opposed to a development issue.” The government has reallocated its resources—putting money into the monitoring of migrants and taking it away from hospitals and public health programs. These counter-productive health policies are wasting valuable resources and in that sense contribute to the larger health crisis in Russia.

Reported by Masha Udensiva-Brenner

